

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10639469 FILING DATE 8-13-03
 APPLICANT(S) _____

		CLAIMS					
		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND	DEP	IND	DEP	IND	DEP
1		1		1			
2			1		1		
3			1		1		
4			1		1		
5			1		1		
6			1		1		
7		1		1			
8			1		1		
9			2		2		
10		1		1			
11			1		1		
12			1		1		
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50							
TOTAL IND.		3		3			
TOTAL DEP.		11		10			
TOTAL CLAIMS		14		14			
51							
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